Office of Health Policy
Data Request Form

Request Date: **Completion Date:**

Name:	**Email:**
Organization:	**Phone:**

Give a brief description of your data request:

Specify the type of data (check all that apply):	**Specify the date range for data request:**
☐ Inpatient Hospital ☐ Emergency Department (includes Observation Stays) ☐ Outpatient Surgery Data ☐ Mammogram Data ☐ Other _____	(month/day/year) Begin: / / End: / / ☐ by Discharge Date (Recommended) ☐ by Admit Date* *Note: Will not include anyone still hospitalized when records are submitted.

Specify how you want the data run (check all that apply):

☐ ICD-9 Diagnosis Code(s) (inpatient or outpatient)

☐ ICD-9 Procedure Code(s) (inpatient only)

☐ CPT Procedure Code(s) (outpatient only)

☐ Age Groups

☐ Geographic Area

☐ _____

☐ _____

☐ _____

☐ _____

☐ _____

If data will be run by Diagnosis or Procedure Code(s), specify if by:

☐ Primary Diagnosis or Procedure Code Only

☐ Any of the 25 Possible Diagnosis or Procedure Codes

List all Diagnosis and/or Procedure Codes, Age Groups, Counties, etc. to be used to run or stratify the data:

Specify how you want your report to be presented. Be specific (example: by number of discharges by year, by county of residence of patient by discharge quarter).